

July 24, 2002

Re: Medical Dispute Resolution  
MDR #: M2-02-0586-01  
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating physician. Your case was reviewed by a physician reviewer who is Board Certified in Pain Management.

THE PHYSICIAN REVIEWER OF YOUR CASE **AGREES** WITH THE DETERMINATION TO DENY THE REQUEST FOR BOTH THE MRI AND THE NERVE CONDUCTION VELOCITY/EMG.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

#### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 24, 2002.

Sincerely,

### **MEDICAL CASE REVIEW**

This is for \_\_\_, \_\_\_. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0586-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of repeat lumbar MRI and lumbar EMG/NCV.
2. State Office of Risk Management's correspondence and documentation.
3. Emergency room report.
4. Records from 2001 and 2002.
5. Records from 2000.
6. Radiology reports.

B. BRIEF CLINICAL HISTORY:

This patient fell and hurt her back on \_\_\_. She has had three previous MRI's done and a previous nerve conduction

velocity/EMG. The nerve conduction velocity and EMG was done on October 30, 1997, and was a normal study. She had an MRI done on October 31, 1997, which showed a moderate-sized left paracentral disk herniation at L5-S1 without evidence of nerve root contact or deformity of the thecal sac.

She had a repeat MRI done on April 9, 1999, which showed degenerative changes in the L5-S1 disk with mild bulging centrally but no focal disk herniation paracentrally. She also showed some bilateral spondylitic defect at L-5 with no spondylolisthesis.

She had a repeat MRI again on November 21, 2000, which stated there has not been a significant change since the time of the prior study. There is "grade 1 mild anterolisthesis of L-5 on S-1 and bilateral pars defect is suspect. Mild neuroforaminal narrowing is present as a result of the anterolisthesis, and there is a small central disk bulge without deformity of the thecal sac or nerve root contact."

Subsequent to that, this patient fell onto her knee. She was significantly overweight. She has lost a lot of weight but is still significantly overweight. She now says she feels as though something has slipped in her back, but she has no signs or symptoms of any changes in her symptomatology.

C. DECISION:

I AGREE WITH THE DETERMINATION TO DENY THE REQUEST FOR BOTH THE MRI AND THE NERVE CONDUCTION VELOCITY/EMG.

D. RATIONALE OR BASIS FOR DECISION:

In my opinion, I do not see that there is an indication for any further MRI's at this time. The only reason for doing the new MRI is that she has not had an MRI for a year. There is also no dermatomal specific pain, and her straight-leg raising test was negative. There are no definite objective neurological deficits that would validate doing a repeat EMG or nerve conduction velocity or repeat MRI. Specifically, there are no radicular findings on physical examination.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the

basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

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Date: 19 July 2002